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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number

10/632,349

Filing Date

July 31, 2003

First Named Inventor

C. Zaveri

Art Unit

Examiner Name

Attorney Docket Number

8035-002-DIV3

### ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Reply to Missing Parts/  
Incomplete Application

☐

Reply to Missing Parts  
under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a  
Provisional Application

☐

Power of Attorney, Revocation

☐

Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CD

☐

After Allowance Communication to TC

☐

Appeal Communication to Board  
of Appeals and Interferences

☐

Appeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☒

Other Enclosure(s) (please identify  
below):

Preliminary Amendment

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Catalyst Law Group

Signature

Printed name

Michael B. Farber, Esq.

Date

February 2, 2005

Reg. No.

32,612

### CERTIFICATE OF TRANSMISSION/MAILING

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Shar Dirkevich

Date

February 2, 2005

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IFW



PATENT  
8035-002-DIV3  
(Formerly 37896.00002.DIV3)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:	)	Examiner:
	)	
C. Zaveri	)	Group Art Unit:
	)	
Serial No.: 10/632,349	)	Docket No.: 8035-002-DIV3
	)	
Filed: July 31, 2003	)	Date Mailed: February 2, 2005
	)	
For: PETIDES WITH WOUND	)	
HEALING ACTIVITY	)	
	)	

**PRELIMINARY AMENDMENT**

Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Please amend the above-identified divisional patent application as follows: